MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO 10/537504   **FILING DATE**

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1								51						
2								52						
3								53						
4								54						
5								55						
6								56						
7								57						
8								58						
9								59						
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42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.		⬇	4	⬇		⬇		**TOTAL IND.**		⬇		⬇		⬇
TOTAL DEP.		⬅	22	⬅		⬅		**TOTAL DEP.**		⬅		⬅		⬅
TOTAL CLAIMS			26					**TOTAL CLAIMS**						

PTO - 1360 (REV. 11/04)